k Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD								Application or Docket Number		
Substitute for Form PTO-875									10/1481	224
OTHER THAN										
CLAIMS AS FILED - PART I (Column 1)					(Column 2) SMALL EN		NTITY	OR		
	FOR	NUMBEI	R FILED_	NUMBER	EXTRA	RATE	FEE		RATE	FEE
BASIC	FEE R 1.16(a))						s	OR		s
TOTAL	L CLAIMS		minus 20 =			x s=		OR	x s =	
٠	R 1.16(c)) PENDENT CLAIMS		minus 20 -			x \$ =		OR	x \$=	
	R 1.16(b))		minus 3	<u> </u>		^ 3				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ s=		OR	+ \$=		
* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL										
CLAIMS AS AMENDED - PART II										
(Column 1) (Column 2) (Column 3)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
		CLAIMS		HIGHEST	PRESENT	RATE	ADDI-	}	RATE	ADDI-
۲	41105	REMAINING AFTER		NUMBER PREVIOUSLY	EXTRA	, RATE	TIONAL			TIONAL FEE
AMENDMENT	1100	AMENDMENT		PAID FOR		× s 25 =	FEE	1	50	
	Total (37 CFR 1.16(c))	. 8	Minus	<u> </u>				OR	x s <u>30 =</u>	
	Independent (37 CFR 1.16(b))	. 2	Minus	4	=/	x s 100=		OR	x sALL	
AM	FIRST PRESENTA	ATION OF MULTIPLE	E DEPENDEN	NT CLAIM (37 CF	R 1.16(d))	+s_180=		OR	+ s3(d)	
						TOTAL ADD'L FEE	ļ	OR	TOTAL ADD'L FEE	
			•					•		
		(Column 1)		(Column 2) HIGHEST	(Column 3)			1		
В		CLAIMS REMAINING	1 1	NUMBER	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXIRA		FEE	1		FEE
	Total	*	Minus		=	x s=		OR	x s=	
	(37 CFR 1.16(c)) Independent	•	Minus	•••	=	x s=		OR	x s =	
								OR	+ s _ =	
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s =	 	1	TOTAL	
						ADD'L FEE	L	OR	ADD'L FEE	
l		(Column 1)		(Column 2)		,	٦			
H		CLAIMS		HIGHEST	PRESENT	RATE	ADD1-		RATE	ADD1-
C		REMAINING AFTER		NUMBER PREVIOUSLY	EXTRA	1 1	TIONAL	1		TIONAL
_		AMENDMENT		PAID FOR	-	l	FEE	-		
Ĭ	Total (37 CFR 1,16(c))		Minus		<u> </u>	x s=		OR	x s=	
	Independent (37 CFR 1.16(b))		Minus	•••	=	x s=	ļ	OR	x s=	
AMENDMEN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s=		OR	+ \$=	<u> </u>
FIRST PRESENTATION OF MOCTIFICE DE.						TOTAL		OR	TOTAL ADD'L FEE	
					ita *0* in column	ADD'L FEE		」	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.